

☒ PERMANENT CERTIFICATE
☐ TEMPORARY CERTIFICATE
 DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 12.0
 REGISTERED NUMBER 60

Type or Print in PERMANENT INK See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. Martha Jane Blockinger Female 3 August 4, 1980
 RACE - WHITE, BLACK, AMERICAN ORIGIN OR DESCENT (SPECIFY) AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO, DAY, YEAR) COUNTY OF DEATH
 4a. White American 5a. 85 5b. MO DA 5c. HOURS MIN. March 23, 1895 7a. Clark
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE DOA OF ENTER, RM, INPATIENT (SPECIFY)
 7b. Marshall 7c. Cork Medical Center 7d. D.O.A.
 STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
 8. Illinois 9. U.S.A. 10. Married 11. Everett Blockinger
 SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES, NO) WAR OR DATES OF SERVICE
 12. 323-56-4324 13. School Teacher 13a. Elementary Ed. 13c. No 13d. -
 RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES, NO) COUNTY STATE
 14. RR #2, West Union 14a. Darwin Twp. 14c. No 14d. Clark 14e. Illinois
 FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
 15. James Benjamin Spangler 16. Eva - Lichtenberger
 INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a. Therese Nelson 17b. Daughter 17c. RR #2, Box 141, West Union, Ill. 62477

DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 PART I. IMMEDIATE CAUSE
 (a) Cardiac Arrest Immediate
 (b) Arteriosclerotic failure At least 1 yr.
 (c) -
 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
 PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 19a. No 19b. -
 ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (PART I OR PART II, ITEM 18) [ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18]
 20a. Natural 20b. - 20c. - M. 20d. -
 INJURY AT WORK (YES, NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
 20e. - 20f. - 20g. -

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
 21a. Donald H. Hoch 21b. August 4, 1980 21c. 12:20 A.M.
 CORONER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
 22a. Donald H. Hoch 22b. Aug. 5, 1980
 CORONER'S PHYSICIAN'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
 23a. - 23b. -

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. Burial 24b. Marshall Cem. 24c. Marshall, Illinois 24d. Aug. 6, 1980
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. Prust-Hosch Funeral Chapel - West Union, Illinois 62477
 FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. Donald H. Hoch 25c. 5771
 LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. Merle Fisher, County Clerk 26b. Aug 6, 1980

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE Aug 26, 1980 SIGNED Merle Fisher OFFICIAL TITLE County Clerk
 AT West Union, Illinois

The coroner (or) county clerk, by signing this certificate, certifies that the information furnished is true and correct and that the death record is a true and correct copy of the death record as established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Martha Jane
Blockinger
Death Certificate